

theory there is the commencement of a gratifying number of reports of successful practice. Dr. Phalen states that probably not more than 400 cases have so far been reported. The number is too small to afford a basis for positive opinion, especially as the dosage has been very irregular and seemingly generally too small. The best results are with large injections, one to two billion bacilli. But treatment apart, the vital fact remains that had the civil population the protection now given the army, 30,000 lives a year would be saved, and an enormous amount of sickness and subsequent ill health avoided. It is our duty to urge prophylactic vaccination in every typhoid afflicted community and institute a scientific investigation of its curative effects in every large institution.

H, D'ARCY POWER.

### CONTRACT PRACTICE.

East, west, south and north, throughout the country, the question of contract practice is being discussed by physician and layman; the question of liability for industrial accident by employer and employee. In these days of social unrest it is quite obvious that socialism is making progress. The laboring classes and the ever-present poverty-stricken are clamoring louder and louder for legislation that will better their social status. Reform movements, insurgents—call them what you will—gain in strength and adherents in direct proportion to their attacks upon the capitalistic class, and to their promises to the proletariat. Our state legislature has recently been asked to deal with an Employers' Liability bill. There is no question but that very many excellent principles are embodied therein. We are just as positive in our belief that there are many features that will prove rather bad when it comes to actual practice.

One of our county societies has a committee on contract practice, or rather as it is called, a "Hospital Commission." In a preliminary report (after over a year's work) it has classified the hospitals into "Acceptable," "Provisionally Acceptable" and "Not Acceptable" ones. This is its first step in a campaign which, it hopes, will result in the correction of the hospital and contract practice abuses. In another county, where the profession is well united, a newly-organized fraternal organization found no physician willing to submit to its terms.

There is no question in our mind but that hospital associations are here to stay, and that contract practice will in the future show increase rather than decrease. But if these incorporations, organized by laymen, frequently unscrupulous "promoters," be allowed to spring up and dictate terms to the medical profession, no end of evil will ensue. And the very men, now so eager to serve these corporations, will necessarily be the greatest sufferers.

We see absolutely no objection to hospital associations if they reject for membership all individuals whose incomes are such as to enable them to well afford the services of a private physician,

provided that the hospital physicians are paid a fair wage. We see no objection to an association that is formed for benevolent purposes, and furnishes board, shelter, drugs, general care and nursing when necessary, but leaves it to the patient to settle the question of fee with the association's physician or any other physician he may choose to employ.

In discussing the above subjects with our fellows, too often do we hear, "Oh, well, what can we do about it? we cannot change existing conditions." In answer to those who feel the same way, we would state that agitation on these topics has just begun, and it behooves the profession to be alive to its interests and to study seriously these great social questions. In England, the national insurance bill has passed both houses of Parliament by a large majority, in spite of its unpopularity with certain classes, notably the medical profession. The British Medical Association fears that it may prove not only injurious to the profession, but also detrimental to the practice of medicine, and though it formulated six cardinal principles, which it desired respected by the bill, only two of them were incorporated in the bill, but it is probable that the others will be given practical recognition. (These will be found in the *J. A. M. A.*, p. 2090, Dec. 23, 1911; also p. 2094; better still in the supplement to the *Brit. Med. Jour.*, Dec. 9, 1911).

In Germany where the national insurance practices have been in effect since 1882, physicians have been complaining more and more of the hardships thereby imposed upon them, and have pointed out the evils. Curiously enough, however, we are now informed by the retired President of the Senate in the Imperial Insurance Office of Germany, that after a service of over twenty years, he finds that the system of compensating workmen for accidents, instead of replacing pauperism and charity, is itself merely pauperism under another form, and that it has become a hotbed of fraud, and therefore a spreader of demoralizing practices and ways of thought. Coming from this source nobody can accuse the faultfinder of being prejudiced. His report (published in English by "The Workmen's Compensation Service and Information Bureau" of New York City) is well worth studying, and certainly should serve as a warning to those who believed that the working of Germany's system was well nigh faultless.

RENÉ BINE.

### MEDICAL DEFENSE.

The following circular letter was prepared by the attorney for the State Society in July, 1909, and a copy was sent to every member of the Society. It was published at least twice in the *JOURNAL*, but it seems wise to publish it again. To the statements made therein it is only necessary to add that the plan has proved to be a complete success. It is no longer an experiment but an every-day working part of the machinery of the State Society. Do not waste time wondering "if